

Pride in Parenting
Baseline Questionnaire Form

Medical Record
 Number: _____
 year

Today's Date: _____
 month day

Subject ID
 Number: **AFFIX LABEL HERE**

Date consent
 form signed: _____
 month day year

Thank you for agreeing to participate in the Pride in Parenting Program. I would like to talk to you and ask you some questions about what it's like to be a parent. First, I would like to ask you about how you felt during your pregnancy.

A. PREGNANCY HISTORY

- A1. When did you first know you were pregnant with this child?
- | | |
|--|---|
| First three months of pregnancy (up to 12 weeks) | 1 |
| Second three months (13-24 weeks) | 2 |
| Last three months (>24 weeks) | 3 |
| Unsure | 7 |
| Refused to answer | 8 |
- A2. Was this pregnancy planned? That is, did you want to become pregnant at that time?
- | | |
|---|---|
| Yes, wanted to become pregnant | 1 |
| No, did not want to become pregnant | 2 |
| Unsure | 7 |
| Refused to answer | 8 |
- A3. Were you using a form of birth control when you became pregnant?
- | | |
|--|---|
| Yes (IF YES, SKIP TO A3A) | 1 |
| No (IF NO, SKIP TO A4) | 2 |
- A3A. What method(s) of birth control were you using? **CIRCLE ALL THAT APPLY.**
- | | |
|------------------------------|---|
| Pill | 1 |
| IUD | 2 |
| Injection | 3 |
| Condom | 4 |
| Foam/jelly/diaphragm | 5 |
| Norplant | 6 |
| Other (SPECIFY) | 7 |

- A4. Did you think that prenatal care was important during your pregnancy?
- Yes 1
- No..... 2
- A5. During your pregnancy, did you receive prenatal care or visit a doctor or clinic for other health reasons?
- Yes **[IF YES, SKIP TO A5B]** 1
- No **[IF NO, ASK A5A AND THEN SKIP TO A6]** 2
- A5a. Why didn't you get prenatal care? **CIRCLE ALL THAT APPLY THEN GO TO A6.**
- I've been through this before and the baby was fine 1
- Did not have money/insurance to pay for care 2
- Transportation difficulties 3
- In good health, not necessary 4
- Difficulty contacting doctor/clinic 5
- Could not get child care for other children 6
- Don't know, couldn't answer 7
- Other **(SPECIFY)** 8
- A5b. How often did you go?
- 1 visit 1
- 2 visits 2
- 3-4 visits 3
- 5-6 visits 4
- 7+ visits 5
- A5c. When did you first go?
- 1st trimester (first 12 weeks of pregnancy) 1
- 2nd trimester (13-24 weeks) 2
- 3rd trimester (>24 weeks) 3
- Don't know 4
- A5d. Where did you usually go? **CIRCLE ALL THAT APPLY.**
- Private doctor or nurse-midwife's office 1
- Hospital outpatient clinic 2
- Public health clinic or community health center 3
- Emergency room 4
- Other **(SPECIFY)** 5
- A5e. Doctors recommend at least 5 visits during pregnancy starting during the first trimester. Why didn't you follow this schedule? **CIRCLE ALL THAT APPLY.**
- I've been through this before and the baby was fine 1
- Did not have money/insurance to pay for care 2
- Transportation difficulties 3
- In good health, not necessary 4
- Difficulty contacting doctor/clinic 5
- Could not get child care for other children 6
- Don't know, couldn't answer 7

Other (**SPECIFY**) _____ 8

A6. Did you take any medications during this pregnancy, other than vitamins or iron supplements?

Yes **IF YES, SPECIFY** _____ 1
 No 2

A7. Did you smoke cigarettes while you were pregnant?

Yes 1
 No **[IF NO SKIP TO QA8]** 2

A7a. How much did you smoke per day?

30+ cigarettes 1
 20-29 2
 10-19 3
 Less than 10 4
 Only a few times during entire pregnancy 5

A8. Did you drink beer, wine, or alcohol while you were pregnant?

Yes 1
 No **[IF NO SKIP TO QA9]** 2

A8a. How often did you drink?

Daily 1
 4-5 days per week 2
 2-3 days per week 3
 One day or less per week 4
 Only a few times during
 entire pregnancy **(SKIP TO QA9)** 5

A8b. How much alcohol did you drink each week?

_____ cans/bottles of beer
 _____ bottles of wine cooler
 _____ glasses of wine
 _____ shots of other liquor

A9. At any time during this pregnancy did you ever use: **(CIRCLE A RESPONSE FOR EACH DRUG) [PROVIDE MOTHERS WITH STREET NAMES OF DRUGS]**

	YES	NO
amphetamines?	1	2
LSD?	1	2
marijuana?	1	2
cocaine/crack?	1	2
methadone?	1	2
PCP?	1	2
heroin?	1	2
other (SPECIFY)	1	2

B. INFORMATION ON INFANT'S FATHER

Now I'd like to ask you a few questions about your baby's father.

- B1. While you were pregnant, was the baby's father involved:
- | | |
|---|---|
| Yes, very involved | 1 |
| A little involved | 2 |
| No, not involved | 3 |
| Father did not know you were pregnant | 4 |
| Refused to answer | 5 |
| Father died | 6 |
- B2. How old is the baby's father? **[IN YEARS]** _____
(88=DIDN'T KNOW; 99=REFUSED)
- B3. Which of the following racial/ethnic groups best describes him?:
- | | |
|------------------------------------|---|
| African/Black American | 1 |
| Asian | 2 |
| Hispanic | 3 |
| White | 4 |
| Other (SPECIFY) _____ | 5 |
- B4a. What is the highest year of school the baby's father completed? _____
- | | |
|-------|------------------------|
| 00 | No School |
| 01-12 | Grade School |
| 13-16 | College |
| 17 | Graduate School |
| 18 | Technical/Trade School |
| 88 | Didn't Know |
| 99 | Refused |
- B4b. What is the highest educational degree the baby's father has received?
- | | |
|--------------------|---|
| GED | 1 |
| High School | 2 |
| Associates | 3 |
| BA/BS | 4 |
| Postgraduate | 5 |
| Don't Know | 6 |
| Refused | 7 |
| None | 8 |
- B5. Is the baby's father working now?
- | | |
|-------------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 3 |
| Refused to answer | 4 |

C. MATERNAL SOCIOECONOMIC INFORMATION

Now I'd like to ask you some questions about yourself and the people you live with.

C1. In what country were you born? _____

IF U.S., SPECIFY STATE OF BIRTH _____

C2. Where do you currently live? _____
street apt. no. zip code

C3. What is a telephone number where you may be reached? _____
IF NO TELEPHONE, NOTE HERE:

C4. How long have you lived in Washington, D.C.? _____ (YEARS)

C5. Who was primarily responsible for raising you?

Own parents	1
Mother only	2
Father only	3
Foster parents	4
Grandmother only	5
Aunt/Uncle	6
Sister/Brother	7
Grandparents	8
Other (SPECIFY)	9

C6.	What is your marital status?:	
	Married	1
	Widowed	2
	Divorced	3
	Separated	4
	Single/Never married	5

C7.	Whose home do you currently live in?	
	Husband	1
	Boyfriend	2
	Mother and father	3
	Mother only	4
	Father only	5
	Grandparent	6
	Other family (SPECIFY _____)	7
	Friend(s)	8
	Alone/My Own	9
	Other (SPECIFY _____)	10

C8. Including yourself and your new baby, how many people do you live with?

C9. Are any of your children living elsewhere?

- Yes 1
 No **(SKIP TO C11)** 2
 N/A (No Other Children) **(SKIP TO C11)** 9

C10. With whom are they living?

- Father 1
 Relatives 2
 Friends 3
 Foster 4
 Other **(SPECIFY)** _____ 5

C11. What are the names of 3 friends or family members who know how to reach you?

C11a _____

C11b _____

C11c _____

Name

Address

Telephone

C12. Do you:

- rent your home? 1
 own your home? 2
 live with friend or relative? 3
 live in a shelter? 4
 other **(SPECIFY)** _____ .. 5

C13. What is the highest grade of school you completed? _____

- 00 No School
 01-12 Grade School
 13-16 College
 17 Graduate School
 18 Technical/Trade School
 88 Didn't Know
 99 Refused

C13a. What is the highest educational degree you have received?

- GED 1
 High School 2
 Associates 3
 BA/BS 4

Postgraduate	5
Don't Know	6
Refused	7
None	8

C14. Have you ever had a part-time or full time job?:

Yes	1
No [IF NO, SKIP TO C15]	2

C14a Were you working before your child's birth?:

Yes	1
No [IF NO, SKIP TO C15]	2

C14b. What kind of work did you do? _____

C14c. How many hours per week did you usually work? _____

C14d. Do you plan to go back to work? If so, when?

Yes, within the next few weeks	1
Within the next few months	2
After the child's first birthday	3
Do not plan to return to work	4
Don't know	7

C15. How do you usually get to friend's house, work, school, stores, etc.?

Public transportation	1
Car/family	2
Walk	3
Other (SPECIFY)	4

C16. Do you or anyone you live with currently receive any of these types of public assistance? **CIRCLE ALL THAT APPLY:**

	YES	NO
Medicaid	1	2
WIC	1	2
Food stamps	1	2
AFDC	1	2
SSI	1	2
disability	1	2
Other (SPECIFY)	1	2

C17. Do you receive child support or alimony?

Yes	1
No	2

C18. Looking at this card, please tell me the number that best represents the total **monthly** income for everyone living in your house. **(GIVE RESPONDENT INCOME CARD)**. This includes income from jobs, rent, pension, interest, social security payments, child support, and any other money income received by members of your household.*

[READ CHOICES AND CIRCLE THE APPROPRIATE RESPONSE].

Under \$500	01
\$500 to \$999	02
\$1,000 to \$1,499	03
\$1,500 to \$1,999	04
\$2,000 to \$2,499	05
\$2,500 to \$2,999	06
\$3,000 to \$3,499	07
\$3,500 to \$3,999	08
\$4,000+	09
Don't know	97
No response	99

*TO DO THIS, PERHAPS WE CAN THINK ABOUT YOUR **MONTHLY** INCOME AND THEN OTHER HOUSEHOLD MEMBERS WHO BRING IN MONEY AND HOW MUCH THEY CONTRIBUTE.

C19. How many people living in your household depend upon that income?

Family Resource Specialist: _____ (please initial)

Time Form Completed (hr/min) ____:____AM PM (circle one)

Signature of Project Coordinator: _____

Date: _____